

**This is a private record.**

\_\_\_\_\_  
My Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

I am the ☐ Petitioner  
☐ Respondent  
☐ Attorney for the ☐ Petitioner ☐ Respondent and my Utah Bar number is  
\_\_\_\_\_

\_\_\_\_\_  
In the District Court of Utah

\_\_\_\_\_ Judicial District \_\_\_\_\_ County

Court Address \_\_\_\_\_

**Motion to Waive 90-day Waiting  
Period and Declaration**

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Case Number

v.

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Respondent

\_\_\_\_\_  
Commissioner

**Instructions:**

- ☐ You must complete this form before you file it. The judicial services representative cannot complete this form for you. Use the Checklist to help you understand and complete this form.
- ☐ Keep a copy of all documents for your records.
- ☐ Attend all court hearings.
- ☐ Attach:

- ☐ By and through my attorney, (Attorney, check here if you are appearing for your client.)

[illegible]

(3) ☐ The other party has signed: (check if applicable)

- (4) Under *Howard v. Howard*, 601 P.2d 931 (Utah 1979) the court may waive the 90-day waiting period.

Sign here ►

Date \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

### Certificate of Service

I certify that I served a copy of this Motion to Waive 90-day Waiting Period and Declaration and my proposed Order on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
(Other Party or Attorney)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
(Clerk of Court)	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Electronic File		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Fax (Person agreed to service by fax.) <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

Date \_\_\_\_\_ Sign here ► \_\_\_\_\_

Typed or printed name \_\_\_\_\_